



DENTAL BOARD OF CALIFORNIA
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
 TELEPHONE: (916) 263-2300 FAX: (916) 263-2140
www.dbc.ca.gov



Fictitious Name Permit Application

Business and Professions Code Section 1701.5

Standard fee **\$365** / Prorated fee **\$182.50**

Filing Fee is Non-Refundable.

For Office Use Only

Receipt No. _____ ATS# _____

Amount Paid _____ Date _____

FNP _____ Issue Date _____

Exp. Date _____

☐ **New Permit** ☐ **Transfer, issued in lieu of FNP** _____

All information requested in this application must be supplied by the applicant. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a permit. **Any false statement willfully made in this application may result in discipline or criminal liability under the Business & Professions Code § 1701(e) or other applicable provisions of the law.**

Please type or print legibly:

1. Fictitious name to be used in the practice: (Refer to instructions.)

2. Address of practice where fictitious name will be used:

3. Telephone number _____

4. Practice status: ___ Individual ___ Association ___ Partnership ___ Corporation

5. List all dentists who have ownership in the practice associated with this application.

NOTE: The first license listed will be used for the purpose of fixing an expiration date for this permit.

Name	Dental License Number	Social Security Number

For applicants other than a corporation:**CERTIFICATION**

The dentist or dentists that have ownership of the dental practice at the location specified on this application hereby certify under penalty of perjury under the laws of the State of California that the practice is wholly owned and entirely controlled by the applicant(s), and that all statements made on this application and any attachments are true and correct.

Name	Signature	Date	License Number

For corporations only:**DECLARATION**

The dental practice at the location specified on this application is wholly owned and entirely controlled by this corporation.

I am an officer of _____ and as such, make this declaration for and on behalf of said corporation. I have read the foregoing application and all attachments thereto, and know the contents thereof, and the same are true of my own knowledge.

I declare under penalty of perjury under the laws of the State of California that I have legal authority to act on behalf of said entity, and that the information contained in this application is true and correct.

Executed at _____, CA, this _____ day of _____ 20_____

By: _____
Printed Name Title License number Signature

Person to be contacted regarding this application:

Name _____ Phone _____

Address _____

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer Cynthia Gatlin, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L. 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.